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ON HYSTERO-EPILEPSY.

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DURING the last few years, our medical nomenclature has been enriched by the addition of the term Hystero-Epilepsy, and our medical literature has been teeming with minute details of clinical cases, illustrating this form of nervous disease, and some of the leading neurologists in all parts of the world, but preëminently Professor Charcot, have been engaged in investigating this obscure feature of nervine pathology.

I will not trespass upon the space allotted to me by discussing the appropriateness or otherwise of the term, but, having had the opportunity of closely watching three cases of unusual interest, I propose giving a short account of each, prefacing what I have to say with a few remarks as to what is understood by the somewhat vague and, I admit, disputable term—hystero-epilepsy.

A recent author, Professor Gamgee, of Manchester, summarizing the salient points of this disease, describes hystero-epilepsy as a nervous disorder of women, of great

rarity, affecting them especially during the child-bearing period of life ; sometimes, though rarely, occurring before the actual commencement of menstruation and continuing after its cessation. It is associated with hyperæsthesia in one or both ovarian regions, and is usually attended with hemianæsthesia and more rarely by anæsthesia of both sides of the body. There is some if not complete loss of tactile sensibility, and usually absolute insensibility to pain (analgesia) of skin and all other sensitive structures on the affected side ; the muscular sense being, however, nearly always preserved. The essential and pathognomonic sign of the disease is the occurrence of attacks, which present remarkable phenomena in a definite order : at first epileptiform, then affecting the mental functions of the patient, who, by gesture and actual utterance, reveals to the spectator various phases of emotional activity.

I will now proceed to the detail of my own cases, which illustrate some of the exceptional as well as the more common features of this curious disorder.

CASE I.—On March 1, 1880, I was summoned to a distant part of the country to see, in consultation with Mr. Marriott, of Swaffham, a young girl eleven years of age, of a highly sensitive and precocious temperament, who had never menstruated, and who had caused considerable anxiety to her relatives by the manifestation of certain somnambulistic and cataleptic symptoms. Mr. Marriott, who had carefully watched the case for several months, kindly supplied me with the following antecedent history : In June, 1878, she had a fall from a pony, which jarred her a good deal ; soon afterward she had spasmodic sneezing, running at the nose, and itching at the ears. Every now and then the sneezing returned with considerable force, and lasted for some time. About a year later she received a severe blow on the forehead, and the next day was attacked with rapid spasmodic hiccoughs, so quick as to make a sound like the word "*hutching*," repeated as quickly as possible, and these seizures were called "*hutchings*" by those around her ; there was no pain at the seat of injury, and she was otherwise quite well. It would be tedious

to dwell further on the history of the case up to the time of my visit, characterized as it was by occasional hysterical sobbings, jerking of the limbs, pain down the right leg, and tenderness in the left iliac fossa.

On the evening of my visit she was fairly quiet and composed, till about twelve o'clock, when the most strange combination of somnambulistic, cataleptic, and epileptiform symptoms manifested themselves. Her first delusion was that she was bathing in the sea ; she ducked, jumped off her bed, as if off a bathing-machine steps. Next she was riding sideways on the bed, and made noises to her pony, jumped a ditch, found a fox, and then asked the master of the hounds for the brush. I ought to add that she resided in a sporting country, and her parents were fox-hunters. Shortly afterward she was at a dancing lesson, danced a waltz, a polka, and one figure of the Lancers, singing the music the whole time. Finally she imagined herself at an amateur concert, and mimicked a gentleman whom she knew well, sang one of this gentleman's songs, acting it at the same time, as it is partly comic, and then said : " Does not that gentleman sing well ? " " Bravo ! Mr. Jones," she said, and then she clapped her hands in applause. She also, whilst in this somnambulistic condition, sang various bits of songs and glees, mostly from the popular play of " Pinafore." During these fits of emotional activity her eyes were always shut ; each fit would last from ten minutes to a quarter of an hour, then she would sneeze three times, open her eyes, and all would be right for a time.

I will reserve all remarks about the treatment of this case till I have briefly related the two other cases of which I have to speak.

CASE 2.—I do not propose to dwell upon this case at any considerable length. The subject of it was a young man, aged twenty-three, whom I saw in consultation with Dr. Watson, of Norwich. There was no history of insanity, epilepsy, or other nervous disorder in his family. About two years previously he had complained of pains at the top of the head, which his friends attributed to a sunstroke, also of a feeling of having something in his throat which prevented him from swallowing ; he took twice as long to eat his food as other people ; he also complained of coldness and stiffness of the extremities. There, however, had been no fit of an hysterical or epileptic character, till one morning,

shortly before I saw him, he asked a female relative to remove the knives from the table, as he felt he must do something to himself ; immediately afterward he threw himself down on the couch, flung his arms about, with his fists clenched, as if wanting to strike some one ; there was some frothing at the mouth, with muscular rigidity. This fit lasted for an hour or more, during which time he had to be held down by two men. The fits generally began with jerking of the muscles of the extremities, and passed off by his shaking violently all over, making the ornaments on the mantel-piece shake. After a fit he generally fell asleep, but there was none of the stertor or profound unconsciousness of true epilepsy. The rigidity of the muscles was almost of a tetanic character. This patient, under the influence of bromide of potassium and valerian, recovered and resumed his occupation ; but at the end of a year he had a relapse, and general convulsions were induced by the slightest exciting cause, and I could bring on a convulsion myself by simply touching him ; and the application of the stethoscope to either side of the thorax would instantly bring on a convulsion in the leg of the same side, the convulsions being of such severity as to shake the bed to such a degree, that the members of the family in the rooms below could always perceive when the convulsions were upon him. The treatment in this case consisted in painting the spine with iodine, and in the administration of a quarter of a grain of extract of *cannabis Indica* every two hours, and the patient became convalescent in about a month.

CASE 3.—In the month of October, 1878, I was requested to see, with Mr. Bayes, of Walsingham, a young lady aged twenty, who had fallen from her horse sixteen days previously, did not seem to be much hurt at the time, got up, rode home, and was able to play a game of cards in the evening. Three days afterward she lost the use of her left leg, but recovered it however in a few hours ; there was anæsthesia below the left knee, and hyperæsthesia above it ; at, or about the same time, convulsions of a peculiar character set in, and as she had fallen on her back, it was thought that she might have sustained some surgical injury to the spine, and Mr. Cadge, of Norwich, and her own medical attendant from London were asked to see her, but these gentlemen could detect no spinal injury. After one or two days, the urgent symptoms abated, and she seemed going on well, when the convulsions returned, and I was summoned. When I first

saw her she was calm and seemed to ail nothing. I requested her father to lift her into the sitting posture, and proceeded gently to tap the spine, when percussion over the lumbar vertebræ made her wince a little. Whether from the change of position or from my examination, the convulsions returned immediately, and lasted more or less for two hours and a half. They were peculiar in character: she threw her arms about, stood up in the bed, opened her mouth very wide, then threw herself down on the bed, and rested on her heels and head, in a state of opisthotonos; she would then maintain her rigid limbs in one position, in a cataleptiform manner; there were spasmodic movements of the jaw, and now and then a shriek. We succeeded in quieting her by the administration of ether mixed with a little chloroform. I may add that Mr. Bayes had sat up with her the previous night, and had given chloroform repeatedly as the only means of checking the convulsions. The respite afforded by the inhalations was only temporary, as she soon broke out again, to be again relieved by the ether and chloroform, and we left her calm and collected and able to take food. I prescribed 3j of tincture of hyoscyamus and 3ss of tincture of sumbul every four hours. She went on well for about a week, when there was a return of the convulsions, but of a less violent character. Then there was a respite of fourteen days, all seemed going on well, menstruation occurring at the proper time and in the proper quantity. When this function was over, she began to complain of her head, became very drowsy, or rather took to sleeping continually, and as she had slept (with but slight intervals of a minute or two) apparently in a trance for forty-eight hours, the relatives became alarmed; it was thought that she was dying, and I was again summoned. When I arrived, I at once reassured the relatives, as I felt sure the danger was only apparent, for although she had been so long unconscious, I found a good pulse, particularly easy respiration, skin nice and warm, some color in the face, and no dilatation of the pupils. In fact, she was, and had been for forty-eight hours, quietly sleeping, without the least stertor—call it if you like an hysterical trance. I noticed there was tenderness on pressure in both ovarian regions. I directed a mustard poultice to be applied to each calf, and in about half an hour she woke up and appeared quite herself again; an assafoetida injection was then given, and tincture of valerian administered internally three times a day. A few days later, she was put upon a medicine that I had not previously tried—bromide

of camphor in three-grain doses three times a day. This last medicine seemed to do good. As she now complained of hypogastric uneasiness, a uterine examination was made, and the os was found turned toward the pubis; this examination, however, threw the patient into a state of insensibility, and it could therefore be but imperfectly done. A few days later Mr. Bayes was enabled to make a more complete examination, and quite satisfied himself that there was retroversion of the fundus. We adopted the proper means to replace the uterus, and the feeling of weight and uneasiness was at once removed. Further details would be wearisome. I will merely add that in the course of a few weeks this young lady got quite well.

The above three cases illustrate a class of nervous disorder which is attracting much attention just now, an interesting discussion upon this subject having recently taken place at the annual meeting of the British Medical Association at Cambridge. At this congress, the President, Dr. Paget, very properly remarked that the disorder was not confined to females, and it will be observed that one of my cases was a male. I agree, moreover, with Dr. Paget, that although the term *hysteria* may be objectionable, it has passed into our medical nomenclature, and may be accepted, and *hystero-epilepsy* seems an appropriate term to designate the peculiar train of symptoms I have described. Dr. Matthews Duncan, one of the speakers at the Cambridge meeting, dwelt at some length on the part played by the ovaries in this affection, and he doubted the universality, if not the frequency, of this complication, and he mentioned three cases in which the so-called ovarian symptoms were absent. Another speaker, Dr. Gowers, remarked that ovarian tenderness was present in at least half the cases. It will be observed that in each of my two female cases, ovarian tenderness was present.

A question here arises as to the pathology of this disorder. A leading English neurologist has suggested that in a large number of cases an emotional cause gives rise to the first phenomena, "thus causing a shock to the highest

centres and altering their action." In two of my patients this was the case, both having had a fall from a horse, causing a certain amount of concussion of the spine. All my three cases resembled each other in one particular—they all simulated dangerous disease, and in two of them the relatives apprehended a fatal result, although in none of them were there any real grounds for such an opinion, and they all eventually recovered.

As to treatment, the bromides were given in each case with but doubtful advantage. In case No. 3 I determined to try the bromide of camphor, which seemed to be of service. A method of treatment is being adopted in such cases as these which would savor of quackery if it had been pursued by a less competent authority than Professor Charcot; I allude to metallo-therapy. More than twenty years ago a Dr. Burq, a French physician, stated that in certain conditions of the nervous system plates of metal placed upon the skin had the power of altering general and special sensation. This doctrine has been revived and further developed during the last few years by some of the leading physiologists of the day. I was induced to try it in two of my cases. I am far from supposing that it was a powerful factor in their recovery, although in the case of the young girl its application coincided with a marked improvement, which may, however, have been due to what is called "expectant attention," for deeming it desirable powerfully to affect the nervous centres of the patient, I advised the application of a silver plate to each arm, telling the girl at the same time that it was sure to cure her.

The phenomena in the above cases were extremely complicated and varied, and the clinical symptoms were daily recorded in a very detailed manner. I have therefore thought they might properly form the subject of a brief communication to this JOURNAL.

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